

**Product-Plan Data Collection**

Company Legal Name: Aetna Life Insurance Company  
 HIOS Issuer ID: 29497  
 Effective Date of Rate Change(s): 1/1/2022

State: DE  
 Market: Small Group

To add a product to Worksheet 2 - Plan Product Info, select the Add Product button or Ctrl + Shift + P.  
 To add a plan to Worksheet 2 - Plan Product Info, select the Add Plan button or Ctrl + Shift + L.  
 To validate, select the Validate button or Ctrl + Shift + I.  
 To finalize, select the Finalize button or Ctrl + Shift + F.  
 To remove a product, navigate to the corresponding Product Name/Product ID field and select the Remove Product button or Ctrl + Shift + Q.  
 To remove a plan, navigate to the corresponding Plan Name/Plan ID field and select the Remove Plan button or Ctrl + Shift + A.

NOTE: PRICING MODEL RATES HAVE NOT BEEN VALIDATED

**Product/Plan Level Calculations**

Field #	Section I: General Product and Plan Information	
1.1	Product Name	PPOMedical
1.2	Product ID	29497DE007
1.3	Plan Name	7000 R0750
1.4	Plan ID (Standard Component ID)	29497DE0070047
1.5	Metal	Silver
1.6	AV Metal Value	0.684
1.7	Plan Category	Renewing
1.8	Plan Type	PPO
1.9	Exchange Plan?	No
1.10	Effective Date of Proposed Rates	1/1/2022
1.11	Cumulative Rate Change % (over 12 mos prior)	3.33%
1.12	Product Rate Increase %	3.33%
1.13	Submission Level Rate Increase %	3.33%

Worksheet 1 Totals	Section II: Experience Period and Current Plan Level Information		
	2.1 Plan ID (Standard Component ID)	Total	29497DE0070047
\$3,578,029	2.2 Allowed Claims	\$3,578,029	\$3,578,029
\$0	2.3 Reinsurance	\$0	\$0
	2.4 Member Cost Sharing	\$686,273	\$686,273
	2.5 Cost Sharing Reduction	\$0	\$0
\$2,891,756	2.6 Incurred Claims	\$2,891,756	\$2,891,756
\$331,551	2.7 Risk Adjustment Transfer Amount	\$331,551	\$331,551
\$3,698,679	2.8 Premium	\$3,698,679	\$3,698,679
5,687	2.9 Experience Period Member Months	5,687	5,687
	2.10 Current Enrollment	555	555
	2.11 Current Premium PMPM	\$772.93	\$772.93
	2.12 Loss Ratio	71.75%	71.75%
	<b>Per Member Per Month</b>		
	2.13 Allowed Claims	\$629.16	\$629.16
	2.14 Reinsurance	\$0.00	\$0.00
	2.15 Member Cost Sharing	\$120.67	\$120.67
	2.16 Cost Sharing Reduction	\$0.00	\$0.00
	2.17 Incurred Claims	\$508.49	\$508.49
	2.18 Risk Adjustment Transfer Amount	\$58.30	\$58.30
	2.19 Premium	\$650.37	\$650.37

Section III: Plan Adjustment Factors		
3.1 Plan ID (Standard Component ID)		29497DE0070047
3.2 Market Adjusted Index Rate		\$800.37
3.3 AV and Cost Sharing Design of Plan		0.7249
3.4 Provider Network Adjustment		1.0000
3.5 Benefits in Addition to EHB		1.0000
<b>Noninsurance Costs</b>		
3.6 Administrative Expense		9.23%
3.7 Taxes and Fees		6.43%
3.8 Profit & Risk Load		4.74%
3.9 Catastrophic Adjustment		1.0000
3.10 <b>Plan Adjusted Index Rate</b>		\$728.83
3.11 Age Calibration Factor	0.6035	0.6035
3.12 Geographic Calibration Factor	1.0000	1.0000
3.13 Tobacco Calibration Factor	1.0000	1.0000
3.14 <b>Calibrated Plan Adjusted Index Rate</b>		\$439.88

Section IV: Projected Plan Level Information		
4.1 Plan ID (Standard Component ID)	Total	29497DE0070047
4.2 Allowed Claims	\$2,781,643	\$2,781,643
4.3 Reinsurance	\$0	\$0
4.4 Member Cost Sharing	\$804,747	\$804,747
4.5 Cost Sharing Reduction	\$0	\$0
4.6 Incurred Claims	\$1,976,896	\$1,976,896
4.7 Risk Adjustment Transfer Amount	\$82,668	\$82,668
4.8 Premium	\$2,426,995	\$2,426,995
4.9 Projected Member Months	3,330	3,330
4.10 Loss Ratio	78.77%	78.77%
<b>Per Member Per Month</b>		
4.11 Allowed Claims	\$835.33	\$835.33
4.12 Reinsurance	\$0.00	\$0.00
4.13 Member Cost Sharing	\$241.67	\$241.67
4.14 Cost Sharing Reduction	\$0.00	\$0.00
4.15 Incurred Claims	\$593.66	\$593.66
4.16 Risk Adjustment Transfer Amount	\$24.83	\$24.83
4.17 Premium	\$728.83	\$728.83